

**APPLICATION FOR  
PERMANENT ABSENTEE BALLOT**

FOR OFFICIAL USE ONLY

DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_

PRINT NAME: \_\_\_\_\_  
(First Name) (Middle Initial) (Last Name)

RESIDENCE ADDRESS IN SAN BERNARDINO COUNTY (Please Print):

\_\_\_\_\_  
*Number and Street Name (P.O. Box, Rural Route, etc, not acceptable) Designate N., S., E., W., if used)*

\_\_\_\_\_  
(City) (State) (Zip Code)

TELEPHONE NUMBER: (\_\_\_\_)\_\_\_\_\_ E-MAIL: \_\_\_\_\_

PRINT MAILING ADDRESS FOR BALLOT: *(If different than above)*

\_\_\_\_\_  
*(Number and Street, P.O. Box, Rural Route, School, Military or Overseas Address)*

\_\_\_\_\_  
(City) (State or Country) (Zip Code)

**I certify under penalty of perjury under the laws of the State of California that the name and residence address and information I have provided on this application are true and correct. (Penal Code §126)**

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**

**Failure to vote in a statewide General Election will cancel your Permanent Absent Voter Status. Your registration will remain unchanged. If you want to continue your Permanent Absent Voter Status, you must re-apply.**

To become a Permanent Absentee Voter complete, sign and return this application to the San Bernardino County Registrar of Voters office at:

San Bernardino County ROV  
777 East Rialto Ave  
San Bernardino, CA 92415  
909-387-2048  
[www.sbcrov.com](http://www.sbcrov.com)